

GROUP HOME PROGRAM STATEMENT GENERAL INSTRUCTIONS

Welfare and Institutions Code (W&IC) Section 11467(b) requires the standardized **Group Home Program Statement** for county placement, Community Care Licensing Division (CCLD), and Aid to Families with Dependent Children-Foster Care (AFDC-FC) rate setting. A separate **Group Home Program Statement** must be completed for each distinct program operated by a provider.

A group home "program" is defined as a unique combination of services to a specific population of children in one or more licensed group home facilities (Manual of Policies and Procedures (MPP) Section 11-400(p)(6)(A)). AFDC-FC rates are established for group home programs organized and operated on a nonprofit basis by the California Department of Social Services (CDSS), Foster Care Rates Bureau.

CDSS, CCLD licenses group home facilities. A separate license is required for each facility (location). A group home program may be provided in one or more licensed facilities but each facility must be licensed separately.

INITIAL GROUP HOME LICENSE APPLICANTS/INITIAL GROUP HOME PROGRAM STATEMENTS

A group home must be licensed and have an AFDC-FC rate established in order to accept placements from county social services or probation departments. These placements are funded by AFDC-FC. AFDC-FC rates are only established for group home programs that have the written support of the social services or probation department (MPP 11-406.12) from the host county, primary placing county or a regional consortium of counties. The host county is the county in which the facility, or a majority of facilities, is located (MPP 11-400(h)(1)).

PROCESS FOR SUBMISSION OF INITIAL GROUP HOME PROGRAM STATEMENTS

- Complete the **Group Home Program Statement**.
- Submit one copy of the **Group Home Program Statement** to the host county primary placing county or regional consortium of counties, (social services or probation department) and request a letter of support.
- The county reviews the program as described in the **Group Home Program Statement** and may schedule an interview and/or site visit to determine if the group home program meets its needs.
- The county must issue a letter of support before the next step is taken.
- Submit two copies of the **Group Home Program Statement** and the county letter of support to the CCLD District Office. (The support letter is not a requirement for licensure.)
- The CCLD District Office sends a copy of the **Group Home Program Statement** and the county letter of support to the Foster Care Rates Bureau.

REVISIONS TO GROUP HOME PROGRAM STATEMENTS

The group home must submit revisions to the **Group Home Program Statement** when any changes are made to the program that will affect the license and/or the AFDC-FC rate. It is only necessary to submit the documents/pages that are revised, including a new Part I and revised Table of Contents. It is not necessary to submit a complete new **Group Home Program Statement**.

Changes to the group home program that are more than one Rate Classification Level (RCL) greater than the original RCL determination, i.e., new programs or program changes, must be submitted to and supported by the county (MPP 11-406.12).

All revisions to the **Group Home Program Statement** must be sent to the CCLD District Office.

PROCESS FOR SUBMISSION OF REVISIONS

- Complete revisions to the **Group Home Program Statement**, including a new Part I and Table of Contents.
- Submit one copy of the revisions to the county when the change will be more than one RCL greater than the original RCL determination.
- The county reviews the revised program to determine if the group home program meets its needs.
- Submit two copies of the revisions, and the county letter of support if needed, to the CCLD District Office. (The support letter is not a requirement for licensure.)
- The CCLD District Office sends a copy of the revisions and the county letter of support to the Foster Care Rates Bureau.

FORMAT FOR SUBMITTING GROUP HOME PROGRAM STATEMENT

- Type or print clearly.
- Complete PART I PROGRAM IDENTIFICATION and PART II PROGRAM POPULATION, SERVICES AND CAPABILITIES.
- Prepare and compile the information and documentation required in PART III PROGRAM NARRATIVE.
- Use the Table of Contents page included in the forms packet as the Table of Contents for your **Group Home Program Statement**.
- Number tabbed dividers or sheets to correspond to the numbers in the Table of Contents column entitled "Section Numbers". Place all appropriate materials behind each tabbed divider.
- Place all materials, in the order shown, in a three ring binder or folder. Place the Table of Contents in the front.
- Keep a copy for your records.
- When submitting revisions:
 - Complete a new PART I PROGRAM IDENTIFICATION.
 - Complete a revised Table of Contents; enter the date of the revision(s) in the "Date Revised" column opposite the section being revised.
 - Clearly number and identify the revised material (or it will be returned to you).
 - Keep a copy for your records.

ABBREVIATIONS USED IN THE GROUP HOME PROGRAM STATEMENT

- CCLD - Community Care Licensing Division
- CCR - California Code of Regulations (Licensing regulations are contained in Title 22, Division 6)
- CDSS - California Department of Social Services
- FCRB - Foster Care Rates Bureau, CDSS
- GC - Government Code
- H&SC - Health & Safety Code
- LIC - indicates Licensing forms
- MPP - Manual of Policies & Procedures (contains AFDC-FC rate setting regulations)
- SR - indicates AFDC-FC rate setting forms
- W&IC - Welfare & Institutions Code

GROUP HOME PROGRAM STATEMENT TABLE OF CONTENTS

NAME OF PROGRAM	RATE PROGRAM NUMBER	DATE
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(Use this sheet as the Table of Contents for your **Group Home Program Statement**. Number tabbed dividers to correspond to the numbers in the column titled "Section Number ". Place appropriate material behind the tabbed divider. Place material, in the order shown, in a three-ring binder or folder. When submitting revised material, write the date of the revision in the column titled "Date Revised.")

	<u>SECTION NUMBER</u>	<u>DATE REVISED</u>
PART I: PROGRAM IDENTIFICATION	1	_____
PART II: PROGRAM POPULATION, SERVICES & CAPABILITIES	2	_____
PART III: PROGRAM NARRATIVE		
A. PROGRAM DESCRIPTION		
PURPOSE, METHODS, GOALS	3	_____
PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES	4	_____
SPECIAL SERVICES/PROGRAMS OFFERED	5	_____
MEDICAL/DENTAL	6	_____
TRANSPORTATION	7	_____
B. ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES		
ADMISSION/INTAKE	8	_____
NEEDS & SERVICES PLANS/ASSESSMENT	9	_____
DISCHARGE/REMOVAL	10	_____
VISITATION RULES & POLICY	11	_____
HOUSE RULES.....	12	_____
C. GENERAL POLICIES AFFECTING CHILDREN PLACED		
DISCIPLINE POLICIES.....	13	_____
EMERGENCY INTERVENTION PLAN	14	_____
RUNAWAY PLAN.....	15	_____
CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES	16	_____
HANDLING OF CHILDREN'S FUNDS, ALLOWANCES, & SALARIES	17	_____
CHORES	18	_____
NUTRITION/SAMPLE MENU.....	19	_____
CLOTHING & INCIDENTALS.....	20	_____
D. STAFFING/ADMINISTRATIVE ORGANIZATION		
STAFF SCHEDULE (LIC 500 OPTIONAL)	21	_____
STAFF QUALIFICATIONS	22	_____
JOB DESCRIPTIONS	23	_____
INSERVICE TRAINING FOR STAFF/ADMINISTRATOR	24	_____
ADMINISTRATION.....	25	_____
VOLUNTEERS	26	_____
CONTROL OF REAL PROPERTY	27	_____
FACILITY SKETCH (LIC 999 OPTIONAL)	28	_____
AFDC-FC WARRANTS	29	_____
BOARD OF DIRECTOR'S STATEMENT	30	_____
E. COUNTY REQUIREMENTS (OPTIONAL)		
.....	31	_____
.....	32	_____
.....	33	_____

GROUP HOME PROGRAM STATEMENT**PART I. PROGRAM IDENTIFICATION (SECTION 1)**

APPLICANT/LICENSEE NAME:

PROGRAM NAME (IF ANY) OR NAME COMMONLY KNOWN AS:

APPLICANT/LICENSEE MAILING ADDRESS:

CONTACT PERSON'S NAME:

TITLE:

PHONE NUMBER:

DOES THIS AGENCY OPERATE ACTIVITIES OTHER THAN GROUP HOME PROGRAMS? ☐ YES ☐ NO IF YES, SPECIFY TYPE OF ACTIVITIES:

NONPROFIT CORPORATION?

☐ YES ☐ NO

REASON GROUP HOME PROGRAM STATEMENT SUBMITTED TO COMMUNITY CARE LICENSING (CCL) AND AFDC-FC RATES:
 (Check reason CCLD requires the Program Statement in Column A. Check reason AFDC-FC Rates requires the Program Statement in Column B. One or more items in each column MUST be checked.)

Column A
Community Care Licensing

- ☐ Initial License Application
- ☐ New License Application-Change in Conditions
- ☐ Facility location change
 - ☐ Facility license category change to group home
 - ☐ Facility capacity change
 - ☐ Change in licensee
 - ☐ Permanent change in client from ambulatory to nonambulatory
 - ☐ Sale or transfer of majority of stock
 - ☐ Separation from parent company
 - ☐ Merger with another company

Column B
AFDC-FC Rate Setting

- ☐ New Provider (Initial rate)
- ☐ New Program
- ☐ Different type children accepted
 - ☐ Different staffing pattern
 - ☐ Different staff professional levels
- ☐ Program Change
- ☐ Change in number of beds
 - ☐ New license application required
 - ☐ Group Home program discontinued in favor of another

GROUP HOME RATE PROGRAM NUMBER:

PRESENT RCL:

PROPOSED RCL:

FACILITY LOCATION INFORMATION

(Name and address of each facility operating the group home program.)

NAME(S)	LICENSE NUMBER(S)	ADDRESS (STREET NAME/ #, CITY, ZIP)	LICENSED CAPACITY	REQUESTED CAPACITY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

ATTACH ADDITIONAL SHEET IF NECESSARY

SIGNATURE OF AUTHORIZED PERSON:	TITLE:	DATE:
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COUNTY REVIEW

REVIEWED BY:	DATE:
TITLE:	COUNTY:

GROUP HOME PROGRAM STATEMENT

PART I. PROGRAM IDENTIFICATION INSTRUCTIONS

APPLICANT/LICENSEE NAME(S): Enter the name(s) of the nonprofit corporation or the name of the person(s) legally responsible for the group home program and facility(ies) which operate it. Enter the full name(s).

PROGRAM NAME/NAME COMMONLY KNOWN BY: Enter program name, if applicable, or any other name by which the organization is commonly known, including a dba name.

APPLICANT/LICENSEE MAILING ADDRESS: Enter the headquarters address (street number, city, state, zip code) of corporations; enter the address of individuals.

CONTACT PERSON'S NAME: Enter the name of the person to whom questions concerning the Group Home Program Statement should be addressed. Enter the contact person's title and daytime telephone number including area code.

OTHER AGENCY ACTIVITIES: Check the appropriate box. If YES, enter the types of activities. Examples of other activities are daycare, on-site school, Foster Family Agency, adult care, thrift shop, health care facility.

NONPROFIT CORPORATION: Enter YES if the organization is organized and operated on a nonprofit basis; enter NO if it is not.

REASON GROUP HOME PROGRAM STATEMENT SUBMITTED:

COLUMN A. COMMUNITY CARE LICENSING

INITIAL LICENSE APPLICATION: Check if the Applicant/Licensee is not currently licensed by the Community Care Licensing Division to operate a community care facility.

NEW LICENSE APPLICATION-CHANGE IN CONDITIONS: Check if the Applicant/Licensee currently has a license to operate a community care facility but a new application is required due to a change in conditions or limitations described on the license. Check the type of change in conditions or limitations.

NO LICENSE CHANGE: Check if the Applicant/Licensee currently has a group home license and there are no changes in conditions or limitations that require submission of a new license application.

COLUMN B. AFDC-FC RATE SETTING

NEW PROVIDER (INITIAL RATE): Check if the Applicant/Licensee is a corporate entity organized and operated on a nonprofit basis that has not operated a group home which receives funding from Aid to Families with Dependent Children-Foster Care (AFDC-FC) or seriously emotionally disturbed (SED) in the preceding fiscal year.

NEW PROGRAM: Check if the Applicant's/Licensee has adopted a new program. Check the types of change that apply.

PROGRAM CHANGE: Check if the Applicant's/Licensee's program has changed. Check the reason(s) for the program change(s).

NO AFDC-FC RATE REQUESTED: Check if the Applicant/Licensee will not be accepting children placed by county social services or probation and funded by AFDC-FC, and is not requesting that an AFDC-FC rate be established.

GROUP HOME RATE PROGRAM NUMBER: For an annual or "program change" AFDC-FC rate application, enter the 8 digit number previously assigned by CDSS. For an initial application leave blank.

PRESENT RATE CLASSIFICATION LEVEL (RCL): Enter the 2 digit RCL previously assigned by CDSS. For an initial AFDC-FC rate application leave blank.

PROPOSED RCL: If a new program or program change will result in a change in the RCL, enter the 2 digit projected RCL. For an initial AFDC-FC rate application leave blank.

FACILITY LOCATION INFORMATION: Enter the facility name(s), license number(s), street number, city name, and zip code of each facility which will provide the group home program. Enter the licensed capacity of all licensed facilities. Enter the requested capacity if the facility has not been licensed.

SIGNATURE: Signature of chief executive officer or authorized representative (or applicant, if not a nonprofit corporation). Enter title of person who signed Group Home Program Statement and date signed.

REVIEWED BY: Signature of person authorized by the host (or primary placing) county to review Group Home Program Statements.

GROUP HOME PROGRAM STATEMENT

PART II. PROGRAM POPULATION, SERVICES & CAPABILITIES (SECTION 2)

A. SUMMARY

1. PROGRAM PROVIDES: (check one)
- | | |
|---|---|
| <input type="checkbox"/> Emergency shelter care | <input type="checkbox"/> Average length of stay less than 18 months |
| <input type="checkbox"/> Short term diagnostic care | <input type="checkbox"/> Average length of stay more than 18 months |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS
2. PROGRAM ACCEPTS: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Males <input type="checkbox"/> Females | Age Range(s): _____ |
| <input type="checkbox"/> Dependents (WIC 300) | <input type="checkbox"/> Special Education Pupils Requiring Out-of-Home Placement (GC 7572.5) |
| <input type="checkbox"/> Wards/Delinquents (WIC 602) | <input type="checkbox"/> Status Offenders (WIC 601) |
| <input type="checkbox"/> Children with Developmental Disabilities (Regional Center Clients) | <input type="checkbox"/> Private Placements |
| | <input type="checkbox"/> Other (explain) _____ |
- CDSS
3. TARGET POPULATION/TYPE OF CHILDREN/FAMILIES SERVED: (e.g., mothers/infants, substance abusers, gays/lesbians, ethnicity) _____
- CDSS
4. PROGRAM PROVIDES OR CAN ACCOMMODATE: (check all that apply)
(Describe in detail in Section 3 or 5)
- | | |
|---|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Services to families |
| <input type="checkbox"/> Special education classes | <input type="checkbox"/> Sibling placements |
| <input type="checkbox"/> Vocational training | <input type="checkbox"/> Special ethnic/cultural services |
| <input type="checkbox"/> Emancipation/independent living | <input type="checkbox"/> Primary language other than English (including American Sign Language) |
| <input type="checkbox"/> Medical needs or conditions (other than mental health) | <input type="checkbox"/> Chronic runaways |
| <input type="checkbox"/> Follow-up services | |
| <input type="checkbox"/> Other (explain) _____ | |
| <input type="checkbox"/> Other (explain) _____ | |
- CDSS

B. CHILD CHARACTERISTICS AND BEHAVIORS

(Rank all of the characteristics or behaviors in this section using the following scale: 1 = program designed to treat; 2 = program will accept; 3 = program will NOT accept.)

- | | |
|--|--|
| <p>1. ABUSE/NEGLECT</p> <p>____ Physically abused</p> <p>____ Sexually abused</p> <p>____ Abandoned</p> <p>____ Emotionally abused</p> <p>____ Neglected</p> <p>____ Severely medically neglected</p> <p>____ Ritualistically abused</p> <p>2. DELINQUENCY</p> <p>____ Offenses against persons</p> <p>____ Offenses against property</p> <p>____ Drug &/or alcohol related offenses</p> <p>____ Use of weapons</p> <p>____ Arson</p> <p>3. DEVELOPMENTAL DISABILITIES</p> <p>____ Some deficits in self-help skills</p> <p>____ Severe deficits in self-help skills</p> | <p>4. PHYSICAL/SENSORY/HEALTH CONDITIONS</p> <p>____ Asthma</p> <p>____ Epilepsy</p> <p>____ HIV/AIDS</p> <p>____ Allergies</p> <p>____ Diabetes</p> <p>____ Eating disorders</p> <p>____ Other chronic medical conditions (describe) _____</p> <p>____ Blind/visual impairment</p> <p>____ Deaf/hearing impairment</p> <p>____ Developmentally disabled</p> <p>____ Require medication</p> <p>____ Require special diets</p> <p>____ Pregnant</p> <p>____ Physical limitations (ambulatory or nonambulatory) (describe) _____</p> |
|--|--|
- CDSS

B. CHILD CHARACTERISTICS AND BEHAVIORS (Continued)

(Rank all of the characteristics or behaviors in this section using the following scale: 1 = program designed to treat;
2 = program will accept; 3 = program will NOT accept.)

5. DRUG/ALCOHOL USE

- ☐ Drug use
- ☐ Previously treated for drug abuse
- ☐ Alcohol use
- ☐ Previously treated for alcohol abuse
- ☐ High risk/delinquent/anti-social activity when under influence of drugs/alcohol
- ☐ High risk/delinquent behavior to procure drugs/alcohol

6. SEXUAL ADJUSTMENT/FUNCTIONING

- ☐ Sexual victim
- ☐ Sexual perpetrator/exploits others
- ☐ Confusion with sexual identity
- ☐ Inappropriate sexual behavior

7. MENTAL HEALTH

- ☐ Requires psychotropic medication
- ☐ Previous psychiatric hospitalization
- ☐ Emotionally disturbed (DSM, current revision, diagnosis)

8. MENTAL HEALTH/EDUCATION

- ☐ Special education pupil, certified
- ☐ Seriously Emotionally Disturbed & requiring out-of-home placement

9. GANG INVOLVEMENT

- ☐ Gang member
- ☐ Associates with gang members

List gang affiliates program **will not** accept: _____

10. BEHAVIORS

- ☐ Acts disobediently at home
- ☐ Acts disobediently at school
- ☐ Demands attention
- ☐ Swears, uses obscene provocative language
- ☐ Does not bond with parental figures
- ☐ Does not get along with other children
- ☐ Does not accept authority
- ☐ Is manipulative of adults
- ☐ Gets into fights
- ☐ Is cruel or mean to others
- ☐ Acts impulsively without thinking
- ☐ Runs away from placement
- ☐ Has temper tantrums, is volatile
- ☐ Verbally threatens peers/adults
- ☐ Physically threatens peers/adults
- ☐ Physically assaults peers/adults
- ☐ Intentionally damages/destroys property
- ☐ Commits violence or harm toward self
- ☐ Acts depressed and/or withdrawn
- ☐ Exhibits frequent and/or persistent mood swings
- ☐ Talks about suicide (has plan and/or exhibits self-destructive behavior)
- ☐ Attempts suicide
- ☐ Hallucinates, has delusions or bizarre thoughts
- ☐ Sets fires
- ☐ Is cruel to animals
- ☐ Exhibits bizarre behavior
- ☐ Other (explain) _____
- ☐ Other (explain) _____
- ☐ Other (explain) _____

CDSS

11. List additional characteristics and/or behaviors the program **will not** accept:

a. _____
CDSS

b. _____
CDSS

1. CHILD CARE WORKER/CHILD RATIO:	6am-9am	9am-3pm	3pm-10pm	10pm-7am
Monday-Friday when school is in session	1: _____	1: _____	1: _____	1: _____
		7am-10pm		10pm-7am
Saturday, Sunday, holidays, weekdays when children are not in school		1: _____		1: _____

2. CHILD CARE WORKERS HAVE (OR WILL HAVE) THE FOLLOWING EDUCATION AND EXPERIENCE: (check all that apply)

<input type="checkbox"/> HS equivalent	<input type="checkbox"/> Less than one year experience
<input type="checkbox"/> Some college, less than AA	<input type="checkbox"/> One to 3 years experience
<input type="checkbox"/> AA, less than BA/BS	<input type="checkbox"/> More than 3 years experience
<input type="checkbox"/> BA/BS and above	
<input type="checkbox"/> Other (explain) _____	

CDSS

3. GROUP HOME PROGRAM PROVIDES: (check all that apply)

<input type="checkbox"/> Supervision by live-in houseparents
<input type="checkbox"/> Awake night staff
<input type="checkbox"/> Capability of one-to-one supervision at any time
<input type="checkbox"/> Supervision at residence, school, in community (i.e., 24 hour)
<input type="checkbox"/> Plan to manage assaultive behavior
<input type="checkbox"/> Psychotropic medication management
<input type="checkbox"/> School integrated with residential program
<input type="checkbox"/> Nonpublic school or <input type="checkbox"/> Provided by school district
<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Other (explain) _____

CDSS

4. STRUCTURE/SUPERVISION MODEL(S) USED: (Check all that apply)

<input type="checkbox"/> Point system	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Token economy	
<input type="checkbox"/> Level system	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Contracts	

CDSS

1. AVERAGE NUMBER OF DIRECT SOCIAL WORK HOURS PROVIDED PER CHILD PER WEEK: _____

2. SOCIAL WORKER/CHILD RATIO: 1: _____

3. SOCIAL WORK SERVICES ARE PROVIDED BY: (check all that apply)

☐ Program employees ☐ Contract staff

☐ Other (explain) _____

4. SOCIAL WORKERS HAVE (OR WILL HAVE) THE FOLLOWING EDUCATION/CREDENTIALS: (check all that apply)

☐ BS/BSW ☐ MS

☐ MSW ☐ MFT/LCSW

☐ Other (explain) _____

5. SOCIAL WORK SERVICES PROVIDED TO CHILDREN IN THE GROUP HOME PROGRAM: (check all that apply)

☐ Intake study ☐ Individual counseling

☐ Development of needs & services plans ☐ Group counseling

☐ Assessments to identify changing needs of child ☐ Family counseling

☐ Six month updates to needs & services plans ☐ Development of discharge plans

☐ Aftercare ☐ Substance abuse counseling

☐ Other (explain) _____

E. MENTAL HEALTH TREATMENT SERVICES

1. MENTAL HEALTH TREATMENT SERVICES ARE PROVIDED: (check one)
- ☐ Regularly ☐ Occasionally ☐ Crisis intervention only
☐ Not applicable (skip to item F.)
2. PERCENT OF CHILDREN WHO ARE EXPECTED TO BE RECEIVING ON-GOING MENTAL HEALTH TREATMENT SERVICES: _____%
3. AVERAGE NUMBER OF HOURS OF TREATMENT PROVIDED TO EACH CHILD RECEIVING MENTAL HEALTH TREATMENT SERVICES EACH WEEK: _____
4. RATIO OF LICENSED MENTAL HEALTH PROFESSIONAL STAFF TO CHILDREN: 1: _____
5. MENTAL HEALTH TREATMENT SERVICES ARE PROVIDED BY:
(check all that apply) (check if person is employed by program, on contract or a Medi-Cal provider)
- | | <u>Program employee</u> | <u>Contract</u> | <u>Medi-Cal provider</u> |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LCSW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MFCC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> RN/Master's Degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
6. MENTAL HEALTH TREATMENT FUNDED BY: (check all that apply)
- ☐ Medi-Cal ☐ Short-Doyle ☐ Other
7. MENTAL HEALTH TREATMENT SERVICES PROVIDED TO CHILDREN IN THE GROUP HOME PROGRAM: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Psychiatric evaluation | <input type="checkbox"/> Psychotropic medication management |
| <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Staff consultation with licensed mental health professional(s) |
| <input type="checkbox"/> Individual therapy | <input type="checkbox"/> Other therapeutic services required for child to benefit from program (describe) |
| <input type="checkbox"/> Family therapy | _____ |
| <input type="checkbox"/> Group therapy | _____ |
| <input type="checkbox"/> Crisis intervention | _____ |
| <input type="checkbox"/> Licensed day treatment on grounds | _____ |
| <input type="checkbox"/> Licensed day treatment off grounds | _____ |

F. ALCOHOL/DRUG TREATMENT SERVICES

1. ALCOHOL/DRUG TREATMENT SERVICES ARE PROVIDED: (check one)
- ☐ Regularly ☐ Occasionally ☐ Not applicable (skip to signature)
2. PERCENT OF CHILDREN RECEIVING ALCOHOL AND/OR DRUG TREATMENT SERVICES: _____%
3. ALCOHOL/DRUG TREATMENT SERVICES ARE PROVIDED BY: (check all that apply)
- ☐ Program employees ☐ Contract staff
- ☐ Other (explain) _____
4. PROGRAM CERTIFIED BY DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS: ☐ Yes ☐ No
5. ALCOHOL/DRUG TREATMENT OR REHABILITATIVE SERVICES PROVIDED TO CHILDREN IN GROUP HOME PROGRAM:
(check all that apply)
- ☐ Substance abuse counseling ☐ Alcohol/drug education
☐ 12 step program
☐ Other (explain) _____

SIGNATURE OF AUTHORIZED PERSON:

TITLE:

DATE:

CDSS USE ONLY:

KDE Date ____/____/____ Initials ____/____

GROUP HOME PROGRAM STATEMENT

PART III. PROGRAM NARRATIVE

(Provide the information requested below and place it behind the corresponding tabbed divider (see General Instructions). The section number corresponding to the Table of Contents is shown for each subject area.)

PROGRAM DESCRIPTION

PURPOSE, METHODS AND GOALS - SECTION 3

[Reference: CCR 80022(b)(1); MPP 11-402.356(a)]

1. Describe the PURPOSE, METHODS AND GOALS of the program.
Include:
 - What the program will provide for the children and how it will be accomplished;
 - How children will be assessed;
 - What type of treatment will be provided; and
 - How results or outcomes will be measured and how often.
2. If the program is certified by the Department of Alcohol and Drug Programs, attach a copy of the certification.

PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES - SECTION 4

[Reference: CCR 80022(b)(13), 84065(e), 84079]

1. Describe the program's planned SOCIAL and RECREATIONAL activities.
Include:
 - The plan for indoor and outdoor activities;
 - The plan for individual child activities and group interaction activities;
 - Which children are involved in the activities; and
 - A list of community resources used by the program (for example, YMCA, YWCA, libraries, parks, church groups).

If the facility capacity is 13 or more, identify the staff position responsible for planning, supervising and conducting activities.
2. Describe the program's planned educational activities and services.
[Reference: CCR 84079(a)(5), 84068.2]
Include:
 - Special education;
 - Use of public and/or private schools;
 - On grounds school; and
 - Tutoring, if applicable.
3. Provide a SAMPLE DAILY ACTIVITY SCHEDULE for one week, including weekends and holidays.

The schedule must include social, recreational and educational activities.

SPECIAL SERVICES/PROGRAMS OFFERED - SECTION 5

[Reference: MPP 11-402.356(f)]

1. Describe any special services or programs which will be offered.
2. If the program provides vocational training, describe:
 - The skills taught;
 - Goals of the training program;
 - Hands-on experience received;
 - Materials provided;
 - Number of hours per day/days per week training is provided; and
 - How training is funded.

MEDICAL/DENTAL - SECTION 6

1. Describe procedures used to provide routine medical and dental care, including procedures for handling and assisting children with self-administered medications. [Reference: CCR 80075(a)(1) - (2)]
2. Describe procedures used to identify and handle medical, dental and psychiatric emergencies. [Reference: CCR 80075(f)]
3. Identify staff position(s) responsible for dispensing and destroying medications. [Reference: CCR 80075(i)(1), 84075(b)]

PART III. PROGRAM NARRATIVE (Continued)

TRANSPORTATION - SECTION 7

1. Describe arrangements for transporting children to and from school, activities provided outside the facility(ies) (including attendance at religious services) and medical/dental appointments. [Reference: CCR 80022(b) (10)]
2. Specify how the program will ensure that vehicles used to transport children are maintained in safe operating condition. [Reference: CCR 80074]
3. Specify how the program will ensure that vehicle registration and insurance will be maintained.
4. Specify how the program will ensure that only appropriately licensed program staff and volunteers will transport children.

ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES

ADMISSION/INTAKE - SECTION 8

[Reference: CCR 80022(b)(2), 84068.1, 84068.2]

1. Describe the program's admission/intake procedures.
Include:
 - Criteria for evaluating appropriateness of referrals for placement;
 - Information required to assess referrals for placement;
 - Timeframe for responding to referring agencies regarding acceptance or rejection of referral;
 - Staff position responsible for intake; and
 - Procedures for accepting emergency placements on a time-limited and/or trial basis.

NEEDS AND SERVICES PLANS/ASSESSMENT - SECTION 9

[Reference: CCR 84022(b)(2)]

1. Describe procedures for developing a needs and services plan which addresses each child's needs and the services required to meet such needs.
2. Describe procedures for review and evaluation of the needs and services plan.
3. Describe procedures for implementing and modifying the needs and services plan.
4. Describe the policy regarding participation of the child and his/her authorized representative in developing, updating and modifying the needs and services plan.

DISCHARGE/REMOVAL - SECTION 10

[Reference: CCR 84068.2, 84068.4]

1. Describe procedures for planned discharge or removal.
Include time lines.
2. Describe procedures for emergency discharge or removal.
Include time lines.

VISITATION RULES AND POLICY - SECTION 11

[Reference: CCR 80068(b)(8), 84068.2(b)(6), 84072]

1. Describe the policy and rules regarding visitation.
Include:
 - When and under what circumstances children can be visited at the facility by family members, friends and others;
 - When and under what circumstances the child is permitted to have home visits with parents and/or relatives;
 - When and under what circumstances the child is permitted to have overnight visits with parents, relatives, family members and friends; and
 - When and under what circumstances other types of visits are or are not permitted.

PART III. PROGRAM NARRATIVE (Continued)

HOUSE RULES - SECTION 12

1. Describe the program's policy of allowing children to be unsupervised away from the facility, including issuing passes to children.
2. Specify other house rules.
Include:
 - Curfew hours on school nights, weekends and holidays;
 - Smoking;
 - Dating other children in placement;
 - Completing homework;
 - Cleaning bedrooms and other areas;
 - Use of entertainment equipment (the child's and the facility's);
 - Dress code;
 - Laundry;
 - General prohibited behaviors; and
 - Other (specify).

GENERAL POLICIES AFFECTING CHILDREN PLACED

DISCIPLINE POLICIES - SECTION 13

1. Describe the program's discipline policy. [Reference: CCR 80072(a)(3), (7) - (8), 84072, 84072.1]
Include:
 - Type(s) of discipline used;
 - Conditions under which each type of discipline will be used;
 - Types of discipline not permitted (corporal punishment and violation of personal rights);
 - Provisions for contact with parents and/or placement representatives (conferences).

NOTE: Prone containment and like techniques shall not be included as part of a program's discipline policy nor written into individual needs and services plans. Such techniques are not to be a planned step in modifying behavior. They are considered to be only last resort emergency physical control techniques designed to prevent injury to the assaultive child or others.

EMERGENCY INTERVENTION PLAN SECTION - SECTION 14

[Reference: CCR 84800(d), 84801, 84802, 84802.1, 84803, 84804 AND 84808]

1. Include a copy of your agency's approved Emergency Intervention Plan which must address the following areas:
 - _ Techniques of group and individual behavior management;
 - _ Methods for de-escalating volatile situations;
 - _ Alternative methods of handling aggressive and assaultive behavior;
 - _ Describe the physical techniques of applying manual restraints, if applicable;
 - _ Techniques for returning the child to planned activity following an emergency intervention;
 - _ A written test and evaluation criteria for the hands-on competency test; and
2. Include the name and qualifications of the individual who designed the Emergency Intervention Plan.

RUNAWAY PLAN - SECTION 15

[Reference: CCR 84808]

1. Describe the plan for responding to an incident of a child running away.
Include:
 - _ Time frames for determining when a child is absent without permission;
 - _ Continuum of interventions;
 - _ Actions to locate the child;
 - _ Staff training plan;
 - _ Plan to involve law enforcement; and
 - _ Plan to notify the child's authorized representative.

PART III. PROGRAM NARRATIVE (Continued)

CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES - SECTION 16

1. Describe procedures by which children or their authorized representatives are informed of their rights and permitted to file complaints. [Reference: CCR 84072.2]
Include how children, their authorized representatives and staff receive copies of the written complaint/grievance procedures.

HANDLING CHILDREN'S FUNDS, ALLOWANCES, AND SALARIES - SECTION 17

1. Describe how the program accounts for and handles children's personal funds. [Reference: CCR 80022(b)(12), 80025, 80026, 84026]
2. Describe the procedure for issuing allowances, including the amount.

CHORES - SECTION 18

1. Describe any chores children are required to perform as part of their regular routine.

NUTRITION/SAMPLE MENU - SECTION 19

[Reference: CCR 80022(b)(9), 80076(a)(5) & (6)]

1. Provide a SAMPLE MENU which includes:
 - One week's worth of planned meals, including snacks from the four basic food groups;
 - Portion sizes; and
 - Times meals are served.
2. Describe any provisions available for children with special dietary needs.

CLOTHING AND INCIDENTALS - SECTION 20

1. Describe how the program ensures that children have adequate clothing.
2. Describe how the program provides personal hygiene items (for example, shampoo and deodorant).

STAFFING/ADMINISTRATIVE ORGANIZATION

STAFF SCHEDULE - SECTION 21

1. Provide a staff work schedule for each facility site which includes names, classifications, days and hours worked. (You may use the LIC 500 Personnel Report.)
2. Specify the number of hours the program administrator will be at each facility each week.
3. Specify the number of facilities for which the administrator is responsible.

STAFF QUALIFICATIONS - SECTION 22

1. Provide copies of resumes or job applications for all child care workers, social work staff, mental health treatment workers, administrators and consultants. If employees have not started work, provide a letter of acceptance/commitment for the position.
2. Specify the number of hours the program administrator will be at each facility each week, performing administrative duties.

JOB DESCRIPTIONS - SECTION 23

[Reference: MPP 11-402.356(e); CCR 80022(b)(5), 80066(a)(8), 80064, 80065, 84064, 84064.1, 84064.2, 84065, 84065.1, 84164, 84164.1, 84165, 84165.1]

1. Provide JOB DESCRIPTIONS for each classification to be used by the program.
Each JOB DESCRIPTION must include:
 - Duties and responsibilities;
 - Minimum Qualifications, including special licenses or certificates required by the profession;
 - Special skills needed to perform the job; and
 - Lines of supervision.

INSERVICE TRAINING FOR STAFF - SECTION 24

[Reference: MPP 11-202.355; CCR 80022(b)(6), 80065(f), 84065(d)(3), 84065(h)-(k) and 84803(a), 84064.3, 84065.1, 84165, 84265]

1. Describe the plan for providing initial and annual training for child care staff. Include:
 - Position or person who will do the training and his/her qualifications;
 - Approximate length of training;
 - Initial and annual training curricula; and
 - How special training needs are identified and met
2. Describe the plan for the facility manager training.

PART III. PROGRAM NARRATIVE (Continued)

ADMINISTRATION - SECTION 25

[Reference: CCR 80022(b)(4), 80018(d)(2); MPP 402.356(c)]

1. Provide the following:
 - Names, addresses (business and residence) and telephone numbers of all corporate officers or partners, as appropriate*;
 - Names of all members of the Board of Directors*;
 - Names and positions of any paid staff who are board members or related to board members;
 - A current organizational chart which shows lines of administrative authority; and
 - Copies of the articles of incorporation and bylaws.

*You may use CCL form LIC 309 Administrative Organization.

VOLUNTEERS - SECTION 26

[Reference: CCR 80065(c)]

1. Describe how volunteers are utilized, screened and trained.

CONTROL OF REAL PROPERTY - SECTION 27

[Reference: CCR 80018(d)(3)]

1. Provide the name(s) and address(es) of the property owner(s) for each group home facility.
2. Provide a copy of the Deed(s) or Property Tax Bill(s) as proof of property ownership.
3. If property is leased or rented, provide a copy of the lease(s) or rental agreement(s).

The agreement must not preclude the use of the property as a group home.

FACILITY SKETCH - SECTION 28

[Reference: CCR 80022(b)(7) and (8)]

1. Provide a sketch of the buildings and grounds for each facility. (You may use CCLD form LIC 999 Facility Sketch.)
Include:
 - Dimensions of all rooms and their designated use;
 - The number of children per bedroom;
 - Bedrooms to be used by nonambulatory children; and
 - All indoor and outdoor space including driveways, fences, storage areas, gardens, recreation areas and other space used by the children.

AFDC-FC WARRANTS - SECTION 29

1. Provide the name and address of the individual to whom AFDC-FC warrants are to be mailed.

BOARD OF DIRECTORS STATEMENT - SECTION 30

[Reference: CCR 84018(C)]

Provide a copy of the signed Board of Directors Statement (LIC 9165) from each member of your board of directors.